

FOR UTILITY/DESIGN
CIP/PCT NATIONAL/PLANT
ORIGINAL/SUBSTITUTE/SUPPLEMENTAL
DECLARATIONS

RULE 63 (37 C.F.R. 1.63)
DECLARATION AND POWER OF ATTORNEY
FOR PATENT APPLICATION
IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

56007-14
U3-0109-RH

PM&S
FORM

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the INVENTION ENTITLED COMPOUND LAYERED TYPE OF SENSING DEVICE FOR MULTIPLE MEASUREMENT

the specification of which (CHECK applicable BOX(ES))

is attached hereto.

BOX(ES) was filed on _____ as U.S. Application No. 0/_____

was filed as PCT International Application No. PCT/_____ on _____

and (if U.S. or PCT application amended) was amended on _____

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

PRIOR FOREIGN APPLICATION(S)

Number	Country	Day/MONTH/Year Filed	Date first Laid-open or Published	Date Patented or Granted	Priority Claimed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
2000-98050	Japan	March 31, 2000			X
2001-70834	Japan	March 13, 2001			X

I hereby claim domestic priority benefit under 35 U.S.C. 119/120/365 of the indicated United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application:

PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S)

Application No. (series code/serial no.)	Day/MONTH/Year Filed	Status	Priority Claimed Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

And I hereby appoint Pillsbury Madison & Sutro LLP, Intellectual Property Group, 1100 New York Avenue, N.W., Ninth Floor, East Tower, Washington, D.C. 20005-3918, telephone number (202) 861-3000 (to whom all communications are to be directed), and the below-named persons (of the same address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith and with the resulting patent, and I hereby authorize them to delete names/numbers below of persons no longer with their firm and to act and rely on instructions from and communicate directly with the person/assignee/attorney/firm/ organization who/which first sends/sends this case to them and by whom/which I hereby declare that I have consented after full disclosure to be represented unless until I instruct the above Firm and/or a below attorney in writing to the contrary.

Paul N. Kokulis	16773	Dale S. Lazar	28872	Mark G. Paulson	30793	Michael R. Dzwonczyk	36787
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1. INVENTOR'S SIGNATURE:

Inventor's Name (typed) Akira Tanaka Date March 23, 2001
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2. INVENTOR'S SIGNATURE:

Inventor's Name (typed) Joshibaka Saito Date March 23, 2001
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3. INVENTOR'S SIGNATURE:

Inventor's Name (typed) Akira Miyashita Date March 23, 2001
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(FOR ADDITIONAL INVENTORS, check box [X] and attach sheet (PAT-116.2) for same information for each re signature, name, date, citizenship, residence and address.)

DECLARATION AND POWER OF ATTORNEY

(continued)

ADDITIONAL INVENTORS:

Page 2

1. INVENTOR'S SIGNATURE: *Keigo Mizutani* Date *March 6, 2001*
 Inventor's Name (typed) Keigo Mizutani Japan
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5. INVENTOR'S SIGNATURE: _____ Date _____
 Inventor's Name (typed) _____
 First Middle Initial Family Name Country of Citizenship
 Residence (City) _____ (State/Foreign Country) _____
 Post Office Address (Include Zip Code) _____

6. INVENTOR'S SIGNATURE: _____ Date _____
 Inventor's Name (typed) _____
 First Middle Initial Family Name Country of Citizenship
 Residence (City) _____ (State/Foreign Country) _____
 Post Office Address (Include Zip Code) _____

7. INVENTOR'S SIGNATURE: _____ Date _____
 Inventor's Name (typed) _____
 First Middle Initial Family Name Country of Citizenship
 Residence (City) _____ (State/Foreign Country) _____
 Post Office Address (Include Zip Code) _____

8. INVENTOR'S SIGNATURE: _____ Date _____
 Inventor's Name (typed) _____
 First Middle Initial Family Name Country of Citizenship
 Residence (City) _____ (State/Foreign Country) _____
 Post Office Address (Include Zip Code) _____

9. INVENTOR'S SIGNATURE: _____ Date _____
 Inventor's Name (typed) _____
 First Middle Initial Family Name Country of Citizenship
 Residence (City) _____ (State/Foreign Country) _____
 Post Office Address (Include Zip Code) _____

10. INVENTOR'S SIGNATURE: _____ Date _____
 Inventor's Name (typed) _____
 First Middle Initial Family Name Country of Citizenship
 Residence (City) _____ (State/Foreign Country) _____
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11. INVENTOR'S SIGNATURE: _____ Date _____
 Inventor's Name (typed) _____
 First Middle Initial Family Name Country of Citizenship
 Residence (City) _____ (State/Foreign Country) _____
 Post Office Address (Include Zip Code) _____

FOR ADDITIONAL INVENTORS, check box and attach sheet with same information and signature and date for each.